

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

09 APR -6 PM 1:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P04000049324

1. Corporation Name

MINI HEALTHY DELI INC  
HEALTHY

2. Principal Office Address - No P.O. Box #  
48 E FLAGLER ST

3. Mailing Office Address  
48 E FLAGLER ST

Suite, Apt. #, etc.  
STE 23

Suite, Apt. #, etc.  
STE 23

City & State  
MIAMI, FL 33131

City & State  
MIAMI, FL 33131

Zip Country  
33131

Zip Country  
33131

4. Date Incorporated or Qualified  
To Do Business In Florida 03/18/2004

5. FEI Number  
20-0875988

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name  
CARLOS BEDOYA

Street Address (P.O. Box Number is Not Acceptable)  
1201 17 ST, APT 407

Suite, Apt. #, Etc.  
APT 407

City  
MIAMI

State Zip Code  
FL 33139

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Carlos Bedoya*

REGISTERED AGENT MUST SIGN

Date 4/2/09

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	CARLOS BEDOYA	1201 17 ST, APT 407	MIAMI BEACH, FL 33139

**REINSTATEMENT**

**RH**

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*Carlos Bedoya*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/09

Date

Daytime Phone #